

Dateline DHMH

Maryland Department of Health and Mental Hygiene



Password Security

"H%1e~?A&8r]?T"

This looks like something Popeye would say in a comic strip, doesn't it? Or maybe it is something you would utter when your computer goes down.

Actually, it is an example of a 'strong password', a security device that is currently used to protect network systems in the Department. And it may soon be coming to a computer near you!

Strong passwords typically combine capital and lower case letters along with numerals, punctuation and typographic symbols. They should contain between nine and 15 characters.

By April of 2005, all DHMH computers — including desktops — that store information that HIPAA regards as confidential must have strong passwords. By the end of 2005, the goal is for every computer in the Department to use this type of password.

This is the result of an information security initiative undertaken by DHMH to assure that the Department's computers meet federal and state standards when it comes to protecting confidential

information that is stored electronically.

One of the best ways to create and remember a strong password is to use a phrase or series of numbers as a root password that you will always retain, then build additional characters among the root.

For instance, the above example of Popeye's 'expletive deleted' actually contains the word 'heart' as a root password.

Not all passwords need to be this complex. The idea is to create a root password unique to you. The symbols you use to alternate between the root characters can be written on a nondescript note that you carry with you or leave somewhere in your office.

Some computers may not accept all of the characters you wish to use. In that event, adapt as best as you can using a mix of characters that work.

Remember Your Home Computer, Too

More and more people use the home computer to conduct business, whether it is to bank on-line, charge a movie ticket or order a book. If you do, you should consider protecting it with a strong password.

More information about use of passwords at work and home can

be found on the DHMH Intranet by clicking on 'computer security training' found in the left blue border of [indhmmh](#).

Office of Human Resources

Effective May 1, the Personnel Services Administration changed its name to the **Office of Human Resources (OHR)**.

This change is designed to make it easier for prospective job candidates to find the right DHMH division when looking for employment.

OHR has also reorganized to help coordinate services. There are now two deputy directors to assist Director Janet Nugent. Mark Webner supervises employee relations and employment services, while Wayne Howard has oversight of the classification and recruitment areas. Dr. Nancy Hoffman has been appointed chief of Training Services; Leslie Friedman remains the chief of Administrative Services.

Herr retires

More news from the Office of Human Resources — Charles Herr, chief of Personnel Information Systems, is retiring effective July 1. Charles, a 31-year State employee, joined DHMH in 1995.

‘Stick To It’ for National High Blood Pressure Month

May is *National High Blood Pressure Education Month* and is a great time to check your blood pressure. High blood pressure is a condition that most people will have at some point in their lives, so it is important for you to know your pressure, what it means and what you can do to prevent or control it.

Also known as ‘hypertension,’ high blood pressure is a risk factor for stroke and heart attacks. If left uncontrolled, it can be a killer.

The good news is that healthy eating, physical activity, and weight control can help you reduce and manage your blood pressure level. These lifestyle modifications also make blood pressure-lowering medications work better for those who need it.

If you take medication for high blood pressure, here are some tips to help you “stick to it.”

- Take medications at the same time every day. An easy way to do this is to take it at the same time as you conduct some other daily activity, such as eating breakfast or brushing your teeth.
- Keep pills in the kitchen or next to your toothbrush. This will serve as a reminder to take medication when you eat or brush your teeth.
- Try using a seven-day pillbox to keep your pills organized. It is available at most drugstores or pharmacies.
- Write yourself reminder notes. Put them on the refrigerator, by the phone, on the medicine cabinet — or even on the bathroom mirror.
- Ask for help. Family or friends can be a great support system. Put together a team — remind your friends to take their daily medication, and they can remind you to take yours.
- Put a favorite picture of a loved one on the refrigerator with a note that says, “*Stick Around — Remember to Take Your High Blood Pressure Medicine.*”
- Make sure your medication is compatible with other medicines or supplements you take. For instance, most over-the-counter cold and flu products contain decongestants that can raise your blood pressure. Herbal supplements also may interact with certain prescription medications.
- Test your medication IQ at www.nhlbi.nih.gov/hbp/treat/treat.htm.

If a member of your family has high blood pressure or you think you may have it, get it checked. If you are worried about the results,

talk with your health care provider.

For more information about high blood pressure, visit “Your Guide to Controlling High Blood Pressure” on-line at www.nhlbi.nih.gov/hbp/index.html.

Editor’s Note: Thanks to the staff in the Family Health Administration’s Division of Cardiovascular Health and Nutrition for writing this article.

DHMH Course Offerings

The Training Services Division is offering the following courses during May:

Monday, May 10 — **Hospital Emergency Incident Command Systems (HEICS)**, Dix Building, Lower Level Conference Room, Spring Grove Hospital Center, 8:00 a.m. to 3:30 p.m. The HEICS course details crisis management that can be rapidly deployed, scaled to fit any size disaster, and if necessary, integrated with other hospital ICS structures. This course is free, continuing education credits are available and lunch is included! Contact Cynthia Harris at 410-931-1230 for additional information.

Wednesday, May 19 — **National Operations Security (OPSEC)** course, N Building, Room N-105, Essex Community College, 10:00 a.m. to 11:30 a.m. Operations Security is a process used to deny an adversary access to unclassified information. Contact Cynthia Harris for additional information at 410-931-1230.

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DHMH Course Offerings

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Incident Command System (ICS), 8:00 a.m. to 3:30 p.m., see below for dates and locations.

Wednesday, May 19 — Conference Center E124 - Conference Rooms A & B, Frederick Community College, 7932 Opposumtown Pike, Frederick.

Thursday, May 20 — Conference Room 107, Garrett County Health Department, 1025 Memorial Drive, Oakland.

Wednesday, May 26 — Marlboro Hall Room 1098, Prince George's Community College, Largo.

Tuesday, June 1 — Conference Room A & B, Queen Anne's Health Department, 206 N. Commerce St., Centerville.

All ICS courses are free and include lunch. Continuing education credits are available! Contact your Registration Coordinator or Cynthia Harris at 410-931-1230 for additional information. **Please note:** Registration will end three days prior to the training date.



James R. "Smokey" Stanton, who presented at the April Bioterrorism Speakers Series, receives a certificate of appreciation from Clifford Smith of the Training Services Division.

Calendar of Events

Tuesday, May 11 — *workshop*: **Energizing Your Staff for Enhanced Performance and Job Satisfaction**; Shore Behavioral Hospital in Easton; 8:30 a.m. - 4:15 p.m.; \$125. Approved for Category I continuing education credits. Phone 410-706-1839 for more information.

Thursday through Saturday, May 20-22 — *conference*: **National Conference on Men's Health**; Arlington, VA; \$445. A partnership of Penn State University and the Men's Health Network. More information is available on-line at www.menshealthconferences.com.

Tuesday, May 18 — *presentation*: **Bioterrorism (BT) Speakers Series**; O'Connor Building Lobby Conference Room L-3; 12 Noon - 1:00 p.m. Guest speakers Cindy Parker, M.D., M.P.H. and Daniel Barnett, M.D., M.P.H., both of the Johns Hopkins Center for Public Health, will discuss BT and food security. Sponsored by the DHMH Training Services Division. Phone 410-931-1239 for more information.

Tuesday May 25 — *workshop*: **Positive Strategies for Anger Management**; University of Maryland School of Social Work; 8:30 a.m. - 4:15 p.m.; \$125. Approved for Category I continuing education credits. Phone 410-706-1839 for more information.

Wednesday, May 26 — *conference*: **Community Resources to Increase Fruit and Vegetable Intake**; Anne Arundel Community College; 9:00 a.m. - 3:00 p.m. Sponsored by the Family Health Administration's Division of Cardiovascular Health and Nutrition. Phone Peggy Yen at 410-767-6781 for more information.

Tuesday, June 8 — *conference*: **Closing the Health Care Divide: Eliminating Disparities for Racial and Ethnic Minority Communities**; University of Maryland Baltimore County; 8:00 a.m. - 5:00 p.m. Log on to www.mdhealthdisparities.org for more information.

Tuesday, June 8 — *workshop*: **A Strategic Approach to Hiring and Retaining the Best: A Model for the Human Services**; University of Maryland School of Social Work; 8:30 a.m. - 4:15 p.m.; \$125. Approved for Category I continuing education credits. Phone 410-706-1839 for more information.

Thursday, October 7 — *conference*: **Suicide Prevention Conference**. Please contact Henry Westray, Jr., at 410-402-8494 or by e-mail at westrayh@dhmh.state.md.us for information. Sponsored by the Governor's Interagency Workshop on Youth Suicide Prevention.

Thursday and Friday, November 4 - 5 — *conference*: **2004 Maryland Rural Summit**; Solomons, MD. Please log on to www.rural.state.md.us for more information. Co-sponsored by the Office of Primary Care and Rural Health.

Dispelling Digestive Disorders

Is that gurgling gut a problem? Or that bloated feeling after spending some serious time raiding the fridge?

May is **National Digestive Diseases Awareness Month**, a good time to learn about the digestive system and dispel those rumors and old wives' tales about the causes and treatments of digestive disorders.

Sixty to 70 million people in the United States are affected by digestive diseases, which comprise a broad group of conditions ranging from heartburn and peptic ulcers to liver disease and gallstones.

Many people are loathe to discuss personal topics like bowel habits, gas and bloating with their health care provider — leading to false information and possible improper treatment. And for those who do bring the topic up, an accurate diagnosis may be difficult due to the similarity of symptoms.

Embarrassment aside, there are plenty of myths that accompany digestive disorders.

One is that spicy foods and stress can cause stomach ulcers. In fact, nearly all stomach ulcers are caused by a bacterial infection or by the use of pain medications such as aspirin, ibuprofen or naproxen. These types of ulcers are often cured with antibiotics, stomach-protective medications and antacids.

Then there is the old wives' tale that 'regularity' means having a bowel movement every day.

Among normal, healthy people, the frequency of bowel movements can range from three a day to three a week. In some cases, healthy people may fall outside both ends of this range. Occasional use of enemas or laxatives to relieve constipation is not harmful to your health. However, regular use can impair the natural muscle action of the intestines, making them unable to function normally. If you find yourself relying on these methods, see your doctor.

And what about the notion that inflammatory bowel disease is caused by psychological problems or a "nervous personality?" Not true. Inflammatory bowel disease is the general name for two different diseases that cause inflammation of the intestines: Crohn's disease and ulcerative colitis.

Crohn's disease usually causes inflammation in the small intestine, although it can affect any part of the digestive tract. The inflammation extends deep into the lining of the affected organ, causing pain and diarrhea. Ulcerative colitis causes inflammation and ulcers in the top layer of the lining of the large intestine.

Researchers aren't sure what causes inflammatory bowel disease, but they believe it may be a virus or bacteria interacting with the body's immune system. There is no evidence to support the theory that inflammatory bowel disease is caused by tension, anxiety or other psychological factors. Research does show, however, that current and former smokers have a higher

risk of developing Crohn's disease than nonsmokers.

Whereas inflammatory bowel disease is not linked to psychological problems, irritable bowel syndrome (IBS) is a condition that may be associated with things like emotional stress or conflict, or even certain foods. Although IBS causes a great deal of discomfort and distress, it does not permanently harm the intestines, nor does it lead to intestinal bleeding or any serious disease. Most people with IBS are able to control their symptoms with diet, stress management, and medications.

Now that some facts have cleared up bits of fiction, you need to determine if the digestive upset you experience is serious. A key is frequency.

Most people suffer occasional difficulties: a bowl of chili that causes heartburn, or mild bloating after eating a big salad. But if you experience any of the following symptoms with regularity (several times a week), you should see your doctor to rule out serious problems:

- Crampy pain after eating;
- Burning pain in the chest or abdomen;
- Excessive gassiness;
- Bloating;
- Changes in bowel habits (frequent constipation or diarrhea); or
- Blood in the stool.

More information is available by logging onto <http://digestive.niddk.nih.gov>.

Editor's Note: Thanks to Tara Snyder, Community Health Educator in the Center of Health Promotion, Education and Tobacco Use Prevention, for writing this article.

SMOKING STOPS HERE Campaign Contest Winners

Two middle and three high school students have won a contest to write and develop radio public service announcements (PSAs) designed to discourage tobacco use.

The contest, sponsored by Maryland -- Smoking Stops Here and Maryland Teens Rejecting Abusive Smoking Habits (T.R.A.S.H.), challenged students to develop a 60-second PSA that exposes the ways in which tobacco companies manipulate kids and young adults. The contest sponsors are supported by DHMH.

"Encouraging these young people to get involved and enjoy a creative competition is a great way to have them learn about the dangers of tobacco use," said Joan Stine, Director of the Family Health Administration's Center for Health Promotion, Education and Tobacco Use Prevention. "These students are the best ones to communicate such an important message to others in this age group."

The student winners are Nick Jordan and Sean Smith of North Carroll Middle School, and Dana Mills, Jessica Grim and Amanda Eisel of Boonsboro High School.

The PSAs were broadcast on many radio stations during the week of March 29 in celebration of the ninth annual Campaign for Tobacco-Free Kids Kick Butts Day (March 31). This nationally recognized event encourages youth leaders of all ages to empower themselves and others to take personal action against tobacco

use and secondhand smoke. Hundreds of events across the country took place on Kick Butts Day 2004, including events in several dozen Maryland communities.

More than 60 PSA entries were received from students throughout the state, with 10 advancing to the semi-final round. Winners were selected by both the public and a judging panel comprised of tobacco prevention professionals, advertising professionals and members of the media. Entries were judged based on various predetermined criteria, including originality, creativity and message appropriateness.

Read or hear the winning scripts on the Internet at www.smokingstopshere.com or www.marylandtrash.com.

Knipp is Elected Chair of Physicians Board

Dr. Harry C. Knipp has been elected Chair of the Maryland Board of Physicians, Secretary Sabatini announced. Knipp will lead the Board as it seeks to implement the many changes to

the Board procedures resulting from the 2003 passage of Senate Bill 500.

"Maryland possesses an outstanding health care system, and its physicians are the heart of that system," Secretary Sabatini said. "Dr. Knipp's many years of experience provide the Board with strong leadership as it strives to ensure that the State's physicians provide quality care to Marylanders."

Dr. Knipp previously served for 14 years on the Radiation Technology Advisory Committee of the Board of Physician Quality Assurance, predecessor to the new Board.

Dr. Knipp, the fourth generation of his family to become a doctor in the State, graduated from the University of Maryland School of Medicine in 1976. After completing his postgraduate training, he began his practice of diagnostic radiology. A certified member of the American Board of Radiology, he and several other physicians formed Advanced Radiology, PA. He has been a member of the medical staff of the Carroll County General Hospital since 1981.

Continued

*Secretary Sabatini and
former State Senator
Larry Young draw
a winner's name at
the Department's
celebration of **Public
Health Week** on
April 5.*



Knipp Elected *Continued*

He was educated at Baltimore Polytechnic Institute and Loyola College of Maryland. He lives with his wife in Reisterstown and is the father of three.

Members of the Maryland Board of Physicians were appointed in September by Governor Ehrlich. The 21-member Board is responsible for licensing and disciplining physicians and allied health practitioners in Maryland. At the end of 2003, there were 23,101 physicians with Maryland licenses.

MHCC Releases Physician Payment Information

A report that examines payments to physicians and other health care practitioners for care provided to privately insured Maryland residents under age 65 was released in March by the Maryland Health Care Commission (MHCC).

The report, "Practitioner Utilization: Trends within Privately Insured Patients, 2001-2002," is

an analysis of health care claims and encounter data that most private health insurance plans serving Maryland residents submit annually to MHCC as part of the Medical Care Data Base. Among the principal findings:

- From 2001 to 2002, Maryland private insurers reported a 12 percent increase in the total quantity of physician and other practitioner services used by non-elderly privately insured Maryland residents.
- In 2002, for the first time since at least 1999, the payment rates for practitioner services began to rise on average, for both non-HMO plans and for the fee-for-service payments of HMO plans. Fees continued to rise through the first part of 2003, and by April 2003 average private fees for practitioners' services were about three percent above the 1999 level.
- Despite this recent increase in fees, Maryland appears to rank in the bottom one-quarter of all states in terms of the ratio of private payers' average practitioner fees

compared to fees paid by Medicare.

- In Maryland, non-HMO payment rates are about three percent above Medicare rates (on average) and HMO rates are about three percent lower. The National Capital Area exhibited the greatest deviation from Medicare rates with non-HMOs paying about nine percent above Medicare rates, while fee-for-service payments by HMOs were about five percent below those rates. In the Baltimore region, private HMO and non-HMO rates were modestly below average Medicare rates.

The complete report is available on the MHCC Web site at www.mhcc.state.md.us under 'New Items.'



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Department of Health and Mental
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Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lieutenant Governor

Nelson J. Sabatini
Secretary, DHMH

Karen Black
Director of Public Relations

John Hammond
Editor

DHMH Office of Public Relations
201 West Preston Street, Room 506
Baltimore, Maryland 21201
Phone: 410-767-6490
FAX: 410-333-7525
TTY: 1-800-735-2258

To contribute to *Dateline DHMH* or for further information, contact John Hammond, Office of Public Relations, 410-767-6490, hammondj@dhmh.state.md.us. Please visit our Web site at www.dhmh.state.md.us.



Frank Palik demonstrates the latest Corning laboratory equipment to Anna Callaway during the Laboratories Administration's recognition of National Public Health Laboratory Week in April.